

2018 Current Fiscal Year Report: National Advisory Committee on Rural Health and Human Services

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2018

3. Committee or Subcommittee

National Advisory Committee on Rural Health and Human Services

3b. GSA Committee No.

940

4. Is this New During Fiscal Year?

No

5. Current Charter

10/29/2017

6. Expected Renewal Date

10/29/2019

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority

Authorized by Law

12. Specific Establishment Authority

42 U.S.C. 217a

13. Effective Date

11/17/1962

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee

National Policy Issue Advisory Board

16a. Total Number of Reports

4

16b. Report Date Report Title

12/01/2017	Modernizing Rural Health Clinic Provisions
12/01/2017	Understanding the Impact of Suicide in Rural America
08/01/2018	Exploring the Rural Context for Adverse Childhood Experiences (ACEs)
08/01/2018	Rural Health Insurance Market Challenges

Number of Committee Reports Listed: 4

17a. Open 2 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 2

Meetings and Dates

Purpose	Start	End
The Committee examined the issues of Assessing and Mitigating the Effect of Adverse Childhood Experiences and Health Insurance Markets in Rural Areas.	04/16/2018	04/18/2018
During the September, meeting, NACRHHS discussed the issues of chronic obstructive pulmonary disease (COPD), one of the leading causes of mortality in rural areas, and the provision of oral health services in rural areas.	09/10/2018	09/12/2018

Number of Committee Meetings Listed: 2

Current FY Next FY

18a(1). Personnel Pmts to Non-Federal Members	\$31,750.00	\$38,000.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$118,104.00	\$212,432.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$42,426.00	\$42,469.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$11,421.00	\$13,800.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$243,582.00	\$118,000.00
18d. Total	\$447,283.00	\$424,701.00
19. Federal Staff Support Years (FTE)	0.80	1.50

20a. How does the Committee accomplish its purpose?

Each year the Committee produces reports on key rural health topics and presents these reports to the Department. This information is shared both within the Department and externally and has helped bring attention to key issues. For example, in 1999, the Committee focused on rural public health and noted the lack of rural-specific data on public health departments. Since that time, HRSA and the Office of Rural Health Policy have worked with the National Association of County and City Health Officials to redefine several existing data sources along metropolitan and non-metropolitan geographic classifications. This has provided the first-ever data set of rural public health department capacities, workforce and other key demographic data. The Committee's FY 2000 report on the rural implications of Medicare reform provided a complementary viewpoint to the recent rural report on Medicare produced by the Medicare Payment Advisory Commission (MEDPac). The FY 2002 report on the rural health care safety net examines a few safety net programs and makes recommendations for improving those programs and for strengthening the rural safety net. The FY 2003 report highlights issues related to rural health care quality and includes recommendations to improve quality. Some of the findings of the committee are highlighted in the Institute of Medicine's 2005 book, *Quality Through Collaboration: The Future of Rural Health*. The FY 2004 report focuses on access to oral health care in rural areas, serving the rural elderly and the integration of behavioral health and primary care in rural areas. The FY 2005 report focuses on health information technology in rural areas, access to pharmaceuticals and pharmacy services in rural areas and family caregiver support of the rural elderly. The FY 2006 report focuses on substance abuse in rural areas, Medicare Advantage in rural communities and Head Start in rural areas. The FY 2007 report takes a retrospective look at the Committee over the past twenty years and analyzes recommendations made and the impact of those recommendations on health and human services in rural areas. It also focuses on ways to integrate the delivery of health and human services in rural areas. The FY 2008 report

examines the medical home model, at-risk children, and workforce and community development. The FY 2009 report examines health care provider integration, the primary care workforce, and home and community based care options for seniors. The FY 2010 report examines childhood obesity, rural early childhood development place-based initiatives, and rural implications of payment bundling and accountable care organizations. In FY 2011 the Committee began producing policy briefs in order to make more timely recommendations on the changing landscape of rural health and human services. In FY 2018 the Committee produced four policy briefs.

20b. How does the Committee balance its membership?

The Committee represents the full range of perspectives within the rural health care and human services world. Rural hospitals and clinics are a key constituency group and there are representatives that are either administrators or consultants and advocates. Similarly, there are representatives of the medical field such as nurses and physicians, including academic professors. There are members who are rural health services researchers with extensive experience in Medicaid, public health and rural and community health. There are educators on the Committee as well as experts in early childhood development programs. There are members who work with social services agencies and who are involved in community action programs. There is one member who is from a state office of rural health and who has background in legislative processes and rural health policy. The chair of the Committee is a former governor of a rural state. Several of these aforementioned members will be rotating off the Committee in the upcoming months. New selections have been made that will maintain the balance of the Committee.

20c. How frequent and relevant are the Committee Meetings?

There are two meetings held each year. Most are held in rural areas though there may be an occasional meeting held in Washington, DC. These meetings provide the Committee with two key experiences. First, they allow the Committee members to understand the diversity of issues affecting the rural health care and human services delivery system since, for example, the concerns in rural Montana are far different from those in rural South Carolina. This provides Committee members with the proper background to look beyond their own parochial experience in a manner that makes their recommendations more valuable to the Department. These site visits provide an opportunity to learn about unique rural issues, to see model delivery systems that represent models that work and to see systems that are failing. They also provide an opportunity for the Committee to hear testimony from those who are actually in the trenches working on the various issues.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The rich group dynamic of the Committee provides in one forum the wide diversity of opinion and experience needed to flesh out increasingly complex issues. Obtaining this advice and information would be much more difficult to obtain through written submissions or one-on-one conversations. Each of the Committee members represents a significant portion of the rural health care and human service world both professionally and regionally and this kind of voice does not exist outside of the Committee. The other voices often heard on these issues are from professional associations and are affected much more by self interest. The Committee strives to give the Secretary the best objective advice on pressing rural health and human service issues.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

N/A

Designated Federal Officer

Paul David Moore Executive Secretary

Committee Members	Start	End	Occupation	Member Designation
Barnett, Steve	04/01/2018	03/30/2022	President & CEO of McKenzie Health System	Special Government Employee (SGE) Member
Belanger, Kathleen	01/12/2016	03/30/2020	Professor of Social Work (retired)	Special Government Employee (SGE) Member
Borders, Tyrone	04/24/2015	04/30/2019	Dept. of Health Mgmt and Policy, Univ. of Kentucky	Special Government Employee (SGE) Member
Dalton, Kathleen	04/24/2015	04/30/2019	Retired Health Services Researcher	Special Government Employee (SGE) Member
Dodge, Molly	04/01/2018	03/30/2022	Chancellor, Ivy Tech Community College	Special Government Employee (SGE) Member
Emanuel-McClain, Carolyn	01/12/2016	03/30/2020	CEO, Rural Health Services, Inc.	Special Government Employee (SGE) Member
Evans, Kelley	04/24/2015	04/30/2019	Hospital Administrator	Special Government Employee (SGE) Member
Fabre, Barb	01/12/2016	03/30/2018	Director, White Earth Child Care Programs	Special Government Employee (SGE) Member
Greer, Connie	01/12/2016	03/30/2020	Director of the Minnesota Office of Economic Opportunity (retired)	Special Government Employee (SGE) Member

Lupica, Joe	04/01/2018	03/30/2022	Chairman, Newpoint Healthcare Advisors	Special Government Employee (SGE) Member
Martinez, Octavio	04/24/2015	04/30/2019	Exec. Director of the Hogg Foundation for Mental Health	Special Government Employee (SGE) Member
Montoya, Carolyn	04/24/2015	04/30/2019	Coordinator of the Family and Pediatric Nurse Practitioner Concentrations at the University of NM College of Nursing	Special Government Employee (SGE) Member
Musgrove, Ronnie	09/01/2010	04/30/2019	Of Counsel, Musgrove, Smith Law	Special Government Employee (SGE) Member
Poepsel, Maria	01/12/2016	03/30/2020	Nurse Anesthetist	Special Government Employee (SGE) Member
Robinson, Chester	04/24/2015	04/30/2019	Associate Professor at Jackson State University	Special Government Employee (SGE) Member
Rolf, Mary Kate	01/12/2016	03/30/2020	CEO, Home Care of Central New York, Inc.	Special Government Employee (SGE) Member
Sheehan, John	04/24/2015	04/30/2019	Retired CPA	Special Government Employee (SGE) Member
Sheridan, Mary	01/12/2016	03/30/2020	Chief, Bureau of Rural Health & Primary Care, Idaho	Special Government Employee (SGE) Member
Taylor, Ben	01/12/2016	03/30/2020	Physician's Associate	Special Government Employee (SGE) Member
Warne, Donald	09/12/2014	08/31/2018	Director of the MPH Program at North Dakota State University	Special Government Employee (SGE) Member
Wergin, Robert	04/01/2018	03/30/2022	Family Physician	Special Government Employee (SGE) Member
Wheeler, Peggy	04/24/2015	04/30/2019	Vice President of the Rural Healthcare Center (RHC) at the California Hospital Association	Special Government Employee (SGE) Member

Number of Committee Members Listed: 22

Narrative Description

The Committee supports HRSA's and HHS's mission by highlighting recommendations on issues realting to providing accessible health and human services in rural communities.

What are the most significant program outcomes associated with this committee?

Checked if Applies

Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input checked="" type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>

Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Outcome Comments

The Committee provides information on the barriers facing isolated rural communities in providing health and human services. The Committee also provides information on the legislations that hinder the provision of care.

What are the cost savings associated with this committee?

Checked if Applies

None	<input checked="" type="checkbox"/>
Unable to Determine	<input type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

NA

What is the approximate Number of recommendations produced by this committee for the life of the committee?

497

Number of Recommendations Comments

This is the total number of Recommendations provided to the Secretary over the life of the Committee, from 1987 through FY2018.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

11%

% of Recommendations Fully Implemented Comments

This represents the number of recommendations implemented over the life of the Committee. This is also being reviewed by the Committee.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

11%

% of Recommendations Partially Implemented Comments

This represents the number of recommendations partially implemented over the life of the Committee. This is in the process of being reviewed by the Committee.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

The Secretary provides feedback to the Committee through correspondence. HRSA, CMS, AHRQ, AoA and ACF provide feedback to the Committee through correspondence to the Secretary, the Committee Chair, or to one of the Federal staff of the Committee.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	<input checked="" type="checkbox"/>
Reallocated resources	<input type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

Action Comments

Other category does not apply.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO	<input checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>
Publications	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Access Comments

N/A